

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32650

923
0

1. PLACE OF DEATH
a. COUNTY St. Charles

b. CITY (If outside corporate limits, write RURAL and give township) St. Charles OR TOWN c. LENGTH OF STAY (If in this place) 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Warren

c. CITY (If outside corporate limits, write RURAL and give township) Rural- Hickory Grove OR TOWN d. STREET ADDRESS (If rural, give location) 5 mi. N. E. Wright City

3. NAME OF DECEASED (Type or Print)
a. (First) Frank b. (Middle) Henry c. (Last) Theerman

4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1952

5. SEX 0 Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 0

8. DATE OF BIRTH May 20, 1874 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Days 4 IF UNDER 12 HRS. Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Fritz Theerman 13b. MOTHER'S MAIDEN NAME Caroline Winter 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Gus Theerman, Marthasville, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 14 hr

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/21, 1952, to 9/23, 1952, that I last saw the deceased alive on 9/23, 1952 and that death occurred at 11 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Neukirch, M.D. (Degree or title) 23b. ADDRESS 216 W. 4th St. St. Charles, Mo. 23c. DATE SIGNED 9/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/27/52 24c. NAME OF CEMETERY OR CREMATORY Stracks Cemetery 24d. LOCATION (City, town, or county) (State) Warren County, Missouri

DATE REC'D BY LOCAL REG. 9-27-52 REGISTRAR'S SIGNATURE James Hamilton 284-0 25. FUNERAL DIRECTOR'S SIGNATURE F. Lichtenberg ADDRESS Marthasville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 26 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3145

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.